

## COMMUNITY BUSINESS DEVELOPMENT PARTNERS MILWAUKEE COUNTY

## **DBE Participation Recommendation - Professional Services**

ounty Contract/Project Manager: <u>John O'Shea</u> Date: <u>11/21/12</u>
uilding: Courthouse Room No.: 101 Phone: 414-278-5119
und: Agency: Child Support Services Org No. 2432 Project No.:
roject Name: <u>Supprting Families through Work</u>
/ork/Project Description (Scope): CSS is paid to provide child support services to participants in the YWCA's
ansitional jobs program.
overnment Funding (State, Federal)? Yes  No If Yes, Type/Dept.  United States Department of Labor [State or Federal (i.e. UMTA, DOT, FAA, etc.)]
Project/Contract: New ☐ Existing ☐ Amendment ☐ Continuing ☐ Extension ☒ Non-Profit Y/N Y Non-profit, please provide confirmation of Non-Profit Agency)
Estimated Amount Recommended DBE Participation (*)
<u>\$97,635</u> <u>0</u> %
ontracting Opportunities (List SIC/NAICS codes - see DBD-012PS A form) <u>N/A</u>
FP will be used (Yes/No) <u>N/A</u> Advertising Date: <u>N/A</u> Proposal Due Date: <u>N/A</u>
ounty Board Approval <u>Yes</u> County Board Committee: <u>Judiciary,Safety and General Services, Committee on Finance</u>
nd Audit
A Zero (0%) percent total requires a WAIVER. If a Waiver is requested, please provide a detailed explanation, the mpleted Waiver Request (DBE-07) form, and have the Department/Division Head sign below. A waiver is requested sed on the vendor's not for profit status and their commitment to working with all the citizens of Milwaukee bunty.
Department/Division Administrator
(CBDP USE ONLY) Indicate Determination and Return Copy to Writer
e contract is exempt from the DBE goal: Yes No
proved: Date: